

**National
Voluntary
Laboratory
Accreditation
Program**

General Application and Instructions

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB control number. The information collected is used by NVLAP to help assess laboratory compliance with the criteria published in 15 CFR Part 285. Responses to the collection of information are required for a laboratory to be considered for NVLAP accreditation. Confidentiality of the information submitted is handled in accordance with 15 CFR Part 285, Sec. 285.2. The annual public burden for the collection is estimated to average 2.75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Laboratory Accreditation Program, NIST, Stop 2140, Gaithersburg, MD 20899-2140.

OMB Number: 0693-0003

Approval Expires: December 31, 2003



**National Institute of
Standards and Technology**
Technology Administration
U.S. Department of Commerce



***National Voluntary
Laboratory Accreditation Program***

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR ACCREDITATION

- (1) Thoroughly read all documents furnished in this application package in order to understand the NVLAP accreditation requirements.
- (2) Print or type all requested information. Where more space is needed for responses, attach additional pages to the application and identify the question(s) being answered.
- (3) Complete the attached **GENERAL APPLICATION**. The laboratory's Authorized Representative must sign page 5 of the General Application to signify agreement with the NVLAP Conditions for Accreditation.
- (4) Complete a **PROGRAM-SPECIFIC APPLICATION** for each program in which you are applying for accreditation.
- (5) Complete the appropriate **FEE CALCULATION WORKSHEETS**, using the NVLAP Fee Schedule, and remit the required fee with the application. Payment may be made by check, purchase order or charge card. An application will not be processed until payment is received.
- (6) Make checks and purchase orders payable to: **NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY**. Print "NVLAP" and your NVLAP Lab Code (if assigned) on your check or purchase order to ensure that payment will be credited to the proper account.

To make payment by charge card, complete the **AUTHORIZATION TO CHARGE MASTERCARD OR VISA** that is included with the Fee Calculation Worksheet.

- (7) Send all applications and worksheets (retain a photocopy for your records) with payment to:

NVLAP/Accounts
National Institute of Standards and Technology
Building 101, Room A822
100 Bureau Drive, Stop 3751
Gaithersburg, MD 20899-3751

For assistance or information, contact NVLAP: phone, (301) 975-4016; fax, (301) 926-2884; e-mail, nvlap@nist.gov.



NVLAP GENERAL APPLICATION

1. LEGAL NAME AND FULL ADDRESS of the laboratory.

Laboratory Name

Street/P. O. Box

City

State

ZIP + 4

Country

2. LABORATORY NAME AS YOU WANT IT TO APPEAR ON THE CERTIFICATE AND SCOPE OF ACCREDITATION (65-character limit).

3. LABORATORY URL (optional). If you wish to have the laboratory's URL (Uniform Resource Locator) listed in NVLAP's Internet and hard copy directories, enter the URL below. It is NVLAP's policy to display the URL text only; a web link will not be provided.

4. FEDERAL TAXPAYER IDENTIFYING NUMBER of the laboratory. As required by the Debt Collection Improvement Act of 1996 (Public Law 104-134), employer identification numbers or social security numbers must be collected for debt collection purposes.

5. Is the laboratory currently NVLAP-accredited for any field of testing or calibration?

☐ Yes ☐ No. If yes, please provide its NVLAP Lab Code: _____ -0

6. **OWNERSHIP** of the laboratory.

Name of owner

- Type of ownership (check one):
- | | |
|--|---|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Federal government |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> State government |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipal government |
| | <input type="checkbox"/> Other |

7. Check one of the following as it applies to the laboratory:

- a. Testing laboratory:
- ☐ Commercial testing service
- ☐ Sometimes available for commercial testing
- ☐ Normally not available for commercial testing
- b. Calibration laboratory:
- ☐ Government
- ☐ Non-government

8. **AUTHORIZED REPRESENTATIVE** of the laboratory. The Authorized Representative is responsible for ensuring that the laboratory complies with the conditions and criteria for accreditation. This person's name will appear in NVLAP directories and on Scopes of Accreditation. The Authorized Representative will receive all NVLAP correspondence, receive proficiency testing materials and reports, and be contacted about on-site assessments.

Name

Title

Phone Number

Fax Number

E-Mail

9. **APPROVED SIGNATORY(S)** of the laboratory. An Approved Signatory is recognized by NVLAP as competent to sign accredited laboratory calibration or test reports. The laboratory must designate one or more staff members as an Approved Signatory. The laboratory's Authorized Representative may, if appropriate, also serve as an Approved Signatory. (If more space is needed, attach additional pages.)

Name 1

Title

Phone Number

Fax Number

E-Mail

Field(s) of accreditation for which signatory is approved to sign reports

Name 2

Title

Phone Number

Fax Number

E-Mail

Field(s) of accreditation for which signatory is approved to sign reports

APPROVED SIGNATORY(S) - continued

Name 3

Title

Phone Number

Fax Number

E-Mail

Field(s) of accreditation for which signatory is approved to sign reports

10. To become accredited and maintain accreditation, the testing or calibration laboratory must supply its **QUALITY MANUAL** to NVLAP or its designated contractor. Call NVLAP for specific instructions regarding the laboratory's Quality Manual for laboratory accreditation program(s) covered by this application.

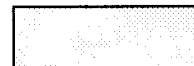
11. **Attach a detailed organizational chart of the laboratory that shows name and position title for all key personnel.**

If applicable, provide an organizational chart showing the relationship of the laboratory to other corporate entities (e.g., design, production, marketing, quality or other operating units). Individual names and titles are not required for this chart. In order for NVLAP to assess the independent decisional relationship of the laboratory with other parts of the organization, the chart must show the reporting path of the laboratory director to the next level of management.

12. **Attach a description of the laboratory and laboratory facilities as it applies to the NVLAP accreditation activities.** The description should include laboratory purpose, laboratory size and layout, staff size, major equipment, and use of remote sites/subfacilities/mobile-units.

Describe the scope of operation of the laboratory in the fields of testing or calibration for which accreditation is being sought, including an indication of the amount of testing or calibration that is performed. Note that additional information may be requested in the program-specific applications.

Include a brief overview of other testing or calibration services offered by this laboratory.



CONDITIONS FOR ACCREDITATION

In order to become accredited and maintain accreditation, a laboratory shall agree in writing to:

- (1) comply at all times with the NVLAP criteria for accreditation as set forth in NIST Handbook 150 and relevant technical documents;
- (2) fulfill the accreditation procedure, especially to receive the assessment team, to pay the fees charged to the applicant laboratory whatever the result of the assessment may be, and to accept the charges of subsequent maintenance of the accreditation of the laboratory;
- (3) participate in proficiency testing as required;
- (4) follow NVLAP conditions for referencing accreditation status (NIST Handbook 150, Annex A);
- (5) resolve all deficiencies;
- (6) report to NVLAP within 30 days any major changes that affect the laboratory's:
 - legal, commercial, organizational, or ownership status;
 - organization and management; e.g., key managerial staff;
 - policies or procedures, where appropriate;
 - location;
 - personnel, equipment, facilities, working environment or other resources, where significant;
 - Authorized Representative or Approved Signatories; or
 - other such matters that may affect the laboratory's capability, or scope of accredited activities, or compliance with the requirements of NIST Handbook 150 and relevant technical documents;
- (7) return to NVLAP the Certificate of Accreditation and the Scope of Accreditation for revision or other action should it be requested to do so by NVLAP, or become unable to conform to any of these conditions.

As the applicant laboratory's **Authorized Representative**, I agree to the above conditions for accreditation. I attest that all statements made in this application are correct to the best of my knowledge and are made in good faith.

Signature _____

Date _____

Printed Name _____